mark and the position of the transillumination. A left iliac fossa trephine is performed as described by Senapati and Phillips.[2] The section of bowel containing the sigmoidoscope is located. While the surgeon holds the colon, the assistant slowly withdraws the sigmoidoscope. The surgeon delivers the colon into the wound. The assistant then re-advances the sigmoidoscope until it enters the distal limb of the loop thus confirming the orientation and lack of torsion. A loop- or end-colostomy is then formed.

DISCUSSION

The laparoscopic technique is minimally invasive but, in colorectal surgery, is only slowly being adopted. Our technique is simple, safe, and allows the surgeon to be confident that the stoma is formed with the appropriate segment of colon, in the correct orientation and with no torsion.

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Technique of urethral catheterisation in very elderly women

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BACKGROUND

Women in their late 80s-90s need urethral catheterisation[1–3] either for monitoring urine output, nursing care or urinary retention. However, with severe postmenopausal vaginal atrophy, the urethra recedes significantly (Fig. 1A,B) making its visualisation for catheterisation impossible. This necessitates cystoscopic catheterisation over a guide-wire.

In patients with urinary retention and bladder not accessible for insertion of suprapubic catheter, urethral catheterisation with flexible cystoscope is the only safe option available which, however, may not be feasible in emergency situations.

We describe a technique of urethral catheterisation which will avoid the need for cystoscopy or insertion of suprapubic catheter in these women.

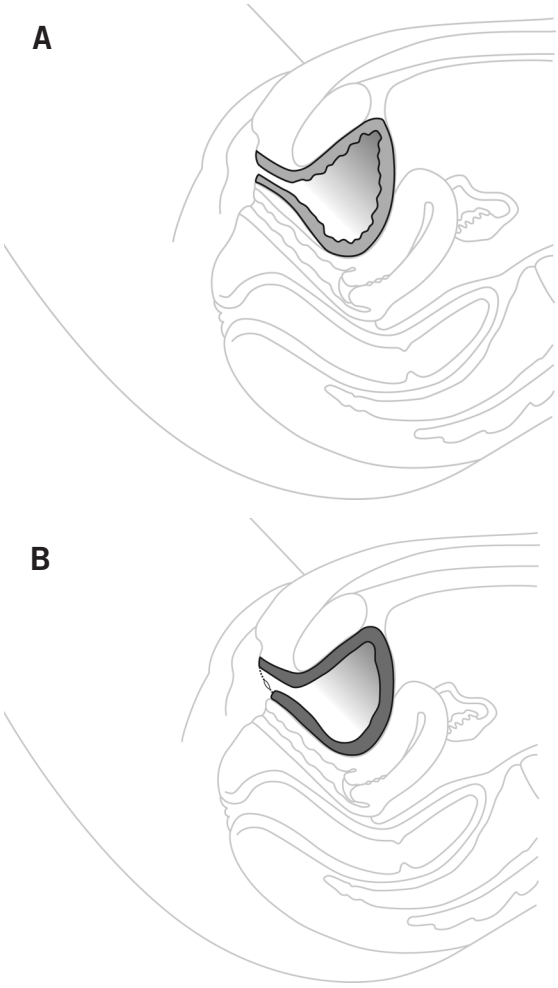

Figure 1 (A,B) Urethra receding along the anterior vaginal wall, making catheterisation impossible.

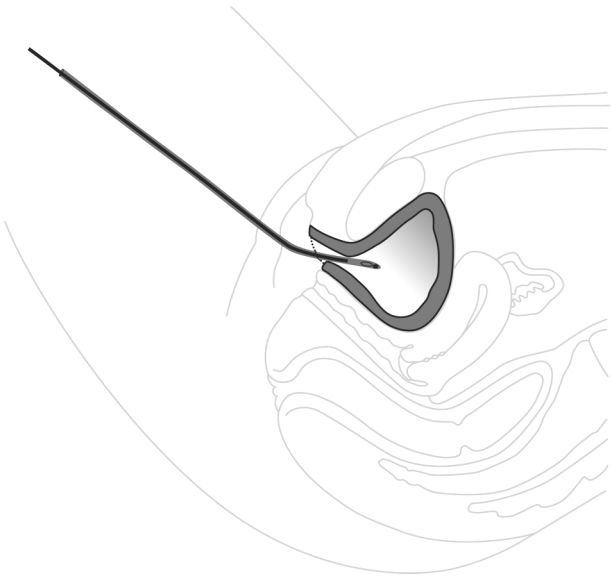

Figure 2 Use of angled catheter introducer allows female urethral catheterisation.

TECHNIQUE

A one-finger assessment of the vagina is made in an attempt to locate the urethral meatus along the anterior vaginal wall; it may simply help estimate the length of anterior vaginal wall up to the vault. A 16F catheter is mounted on a male catheter introducer bent to achieve an angle of 30° along its distal end. It is then gently slid along the anterior vaginal wall until it 'drops' into the urethral opening (Fig. 2) without resistance. At this stage, the introducer is disengaged and slowly withdrawn as the catheter is eased across the urethra into the bladder.

DISCUSSION

In the hands of experienced urologists, this technique can be safely employed to catheterise elderly women without the need for a cystoscope or insertion of suprapubic catheter which essentially may not be feasible in the absence of a full bladder.

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A novel use of the Charnley pins in ankle arthrodesis

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Figure 1 Using the Charnley pins and retractor to expose the articular surfaces.

BACKGROUND

Exposure of the ankle mortice during ankle arthrodesis can be technically demanding. Charnley developed his pins and retractor to improve acetabular exposure during hip replacement surgery. We describe another use for them.

TECHNIQUE

The ankle joint is exposed through a lateral approach.[1] The distal fibula is exposed and an osteotomy is performed to mobilise and then excise the fragment, which gives the surgeon a clear view of the lateral side of the tibio-talar joint. This is then distracted to display the articular surfaces. Many surgeons use a laminar spreader; however, the blades of the spreader can compromise the view of the articular surfaces and the access required to denude the cartilage.

We prefer to place Charnley pins in the tibia and the talus as shown in Figure 1. The joint can then easily be distracted using the horizontal retractor.

Once the articular surfaces are prepared, the arthrodesis may be secured by whatever means the surgeon prefers; our technique is to employ two partially threaded cancellous screws crossing the joint from distal to proximal, and then apply the distal fibula, prepared following removal of its excess bone, as an onlay graft securing it with screws. Cancellous bone from the fibula is harvested to graft the arthrodesis site.

DISCUSSION

The Charnley horizontal retractor and pins provide stable distraction of the ankle joint. This allows the surgeon to remove the articular cartilage safely and effectively, whilst maintaining an excellent view of the joint space.

Reference

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The F-URS Screensaver – a cost-free aid to flexible ureterorenoscopy

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BACKGROUND

Contrast radiology is an essential component of flexible ureterorenoscopy (F-URS). As ureteroscope technology has